WILLIAMSON COUNTY

EMPLOYEE SUPPLEMENTAL LIFE AND AD&D INSURANCE ENROLLMENT FORM

SUPPLEMENTAL LIFE/AD&D/LTD POLICY NUMBER #93624

Employee Name:	**Employee Date of Birth:**
Address:	**Annual Earnings:**
City State, Zip:	**Date of Hire:**
Social Security # :	**Phone Number:**
Gender:	**Department/Location:**

Supplemental Life Insurance* - Employee

You have the opportunity to enroll in Williamson County's Supplemental Life Insurance plan. Your election may be made in increments of $10,000 to a maximum of 7x your basic annual earnings or $500,000, whichever is lesser. New hires may elect an amount up to $100,000 or 5x their annual salary, which ever is lesser, without evidence of good health. If you elect an amount that exceeds the guaranteed issue amount of $100,000 or 5x your salary, you will need to provide evidence of good health that is satisfactory to Sun Life before the excess can become effective. Enrollment after the initial new hire election period (60days from date of hire) will require evidence of good health that is satisfactory to Sun Life before approval of coverage, regardless of election amount.

I understand that any coverage I am requesting is subject to all the terms of the policy including any exclusions, any provisions requiring the submission of evidence of good health and approval by Sun Life. Any provisions specifying a Delayed Effective Date in the event that I am absent from work or an eligible dependent is totally disabled on the date coverage would otherwise begin. Use the rate chart and calculation line below to determine the approximate monthly cost for this coverage.

The following costs should be calculated based on your age as of your effective date of coverage.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Rate	$0.510	$0.670	$0.940	$1.45	$2.35	$3.95	$6.20	$8.24	$13.32	$23.77	$41.40

☐ I elect to **enroll** in the Supplemental Life plan at the monthly cost above.

_____ ÷ $10,000 = _____ x _____ = $_____

Amount Elected | Rate Above | Your Monthly Cost*

☐ I elect to **decline** the Supplemental Life plan and know that evidence of good health will be required if I decline and then want to enroll at a later date during the next open enrollment period.

Accidental Death & Dismemberment (AD&D) Insurance* - Employee

If you enroll for employee supplemental life insurance, you may select a **matching** AD&D amount for yourself. Simply fill in the below table with your matching supplemental life amount selected above. Enter that amount into the calculation line below to determine your approximate monthly cost for this coverage.

*Enrollment in Supplemental Life coverage is required to enroll in Accidental Death & Dismemberment coverage.
*Evidence of good health is not required for enrollment.
*Your elected AD&D benefit is to equal your supplemental life benefit amount.

_____ ÷ $10,000 = _____ x **$0.26** = $_____

Supplemental Life Amount Elected | AD&D Rate | Your Monthly Cost*

***Please Note:** Your cost will change effective January 1st of each year after you hit a new age bracket. Age reductions: to 65% at age 65, 42% at age 70, 28% at age 75, and to 18% at age 80.
If you are over the age of 65, the monthly costs shown are calculated based on your reduced benefit amount, not the employee life amount shown.

Employee Confirmation

I have been given the opportunity to enroll in Williamson County's group Supplemental Life and AD&D & LTD Insurance plans. I understand that if I decline now, but later decide to enroll, I will be required to provide evidence of good health that is satisfactory to Sun Life and understand my request for coverage may be denied. I authorize my employer to make the appropriate payroll deductions from my wages on a post-tax basis.

Signature: _____ **Date:** _____

The Beneficiary Designation Section must be completed at time of enrollment.
Please Sign and return this form to the Williamson County Benefits Department

Beneficiary Designation – Supplemental Life, AD&D Insurance and LTD

Employee Name:	**Employee Social Security #:**
Address:	**Date of Birth:**
	Effective Date:
City, State, Zip:	**Department – Title:**

This form must be completed in full and returned to the Williamson County Benefits Department when enrolling in the Supplemental Life, AD&D and/or LTD coverage's

It is important that your beneficiary designation be clear so that there will be no question as to your meaning. It is also important that you name a primary and contingent beneficiary. When naming your beneficiary (ies) please indicate their full name, address, social security number, relationship, date of birth and distribution percentage. If the beneficiary is not related either by blood or by marriage, insert the words, "Not Related" next to their stated relationship. If you need assistance, contact your benefits administrator or your own legal counsel. Following are examples of the most common designations:

Primary:

- Mary J. Doe, Wife (not Mrs. John Doe).

Contingent:

- Joseph W. Doe, Son and Jane Doe, Daughter, in equal shares (50%).
- Estate of the Insured.

If you name more than one beneficiary with unequal shares, please show the amount of insurance to be paid to each beneficiary in fractional parts, for example "33% to Mary Jones, Mother, and 67% to Edith Jones, Wife."

	Full Name	Address	SSN	Relationship	D.O.B.	%
Primary						
Contingent						

The beneficiary for life insurance on the lives of your spouse and children will automatically be you, if surviving, otherwise the estate of the spouse and children, subject to policy provisions. A beneficiary for employee Life Insurance may be changed upon written request.

Employee Signature: _____ **Date:** _____